

Chapter ERC 33

APPENDIX B

FORM B

This Form and Form A must be provided by the district to the labor organization 60 days prior to contract expiration, or whenever a qualified economic offer is made, whichever is earlier.

Salary	Base Year	QEO1 ^{1/}	QEO2 ^{1/}
Salary Schedule	_____	_____ ^{2/}	_____ ^{3/}
Additional Step Advancement	_____ <u>XXXX</u>	_____	_____
Additional QEO Salary Schedule Cost	_____ <u>XXXX</u>	_____	_____
Salary Subtotal	_____	_____	_____
Longevity (include here if not on salary schedule)	_____	_____	_____
Extended Contracts	_____	_____	_____
Co-Curricular Pay	_____	_____	_____
Extra Duty Pay	_____	_____	_____
Athletic Events	_____	_____	_____
Department Head	_____	_____	_____
Curricular Work	_____	_____	_____
Overload Pay	_____	_____	_____
M-Team	_____	_____	_____
IEP	_____	_____	_____
Supervision	_____	_____	_____
Other _____	_____	_____	_____
Total Extra Duty Pay	_____	_____	_____
Summer School	_____	_____	_____
Severance Pay	_____	_____	_____
Sick Leave Payout	_____	_____	_____
Other _____	_____	_____	_____
Total Salary Cost	_____	_____	_____

¹ The QEO1 and QEO2 salary costs will remain the same as the base year costs for longevity (if not a step), extended contracts, co-curricular pay, extra duty pay, summer school, severance pay, sick leave payout, etc. unless the rate of compensation increases due to an increase in the salary schedule or an additional year of service entitles base year employee(s) to additional compensation.

² Enter base year salary subtotal.

³ Enter QEO1 salary subtotal.

Fringe Benefit Costs	Base Year	QEO1	QEO2
Credit Reimbursement ^{4/}	_____	_____	_____
Social Security	_____	_____	_____
Retirement	_____	_____	_____
Health Insurance	_____	_____	_____
No.S____ No.F ____			
Employer % Contribution			
Level S ____ F ____	_____	_____	_____
Dental Insurance	_____	_____	_____
No.S____ No.F ____			
Employer % Contribution			
Level S ____ F ____	_____	_____	_____
Vision Insurance	_____	_____	_____
No.S____ No.F ____			
Employer % Contribution			
Level S ____ F ____	_____	_____	_____
Life Insurance	_____	_____	_____
Employer % Contribution			
Level ____	_____	_____	_____
Disability Insurance			
Employer % Contribution			
Level ____	_____	_____	_____
Long-Term Care Insurance			
Employer % Contribution			
Level ____	_____	_____	_____
Other _____	_____	_____	_____
Total Fringe Benefit Cost	_____	_____	_____
Total Salary and Fringe Benefit Cost	_____	_____	_____
QEO1 Increased/decreased salary cost as a percentage of base Year total salary and fringe benefit cost		_____	
QEO1 Increased/decreased fringe benefit cost as a percentage of Base Year total salary and fringe benefit cost		_____	
QEO2 Increased/decreased salary cost as a percentage of QEO1 total salary and fringe benefit cost			_____
QEO2 Increased/decreased fringe benefit cost as a percentage of QEO1 total salary and fringe benefit cost			_____

Attach a chart identifying the number of base year employees at each step and lane on any existing salary schedule. We swear that we completed this form in as accurate a manner as possible.

Superintendent/
Business Manager

Date

Treasurer

Date

^{4/} The QEO1 and QEO2 credit reimbursement costs will remain the same as the base year costs unless the rate of reimbursement increases due to an increase in the salary schedule.